

Summary of Health Benefits 2010-2012

1. No premium share

2. Group Health gold, silver and bronze plans—Please see Frequently Asked Questions (FAQs) for more information about these plan provisions

<http://www.kingcounty.gov/employees/benefits/2010.aspx>

Group Health No changes from 2009	Gold	Silver	Bronze
Deductible	None	None	None
Annual out of pocket maximum	\$1,000/ individual \$2,000/family	\$2,000/individual \$4,000/family	\$3,000/ individual \$6,000/ family
Office visit copay	\$20 per visit	\$35 per visit	\$50 per visit
Inpatient hospital copay	\$200/ admission	\$400/ admission	\$600/ admission
Coinsurance (plan pays most covered expenses after copays)	100%	100%	100%
Prescription drug copays (at pharmacy—1 month supply)	\$10 generic \$20 preferred brand \$30 non-preferred brand	\$10 generic \$20 preferred brand \$30 non-preferred brand	\$10 generic \$20 preferred brand \$30 non-preferred brand
Prescription drug copays (mail order—3 month supply)	\$20 generic drugs \$40 preferred brand \$60 non-preferred brand	\$20 generic drugs \$40 preferred brand \$60 non-preferred brand	\$20 generic drugs \$40 preferred brand \$60 non-preferred brand

3. KingCareSM gold, silver and bronze plans—Please see Frequently Asked Questions (FAQs) for more information about these plan provisions

<http://www.kingcounty.gov/employees/benefits/2010.aspx>

KingCare SM Gold	Current	2010-2012
Deductible (medical)	\$100 per individual \$300 per family	\$300 per individual \$900 per family
Coinsurance (medical)	90% In network 70% Out-of-network	85% In network 65% Out-of-network
Annual out-of-pocket maximum for member coinsurance (medical)	<i>In network services</i> \$800 per individual \$1,600 per family <i>Out-of-network services</i> \$1,600 per individual	No change from current <i>In network services</i> \$800 per individual \$1,600 per family <i>Out-of-network services</i> \$1,600 per individual

KingCareSM Gold	Current	2010-2012
	\$3,200 per family	\$3,200 per family
Prescription drug copays (at pharmacy—1 month supply)	\$10 generic drugs \$15 preferred brand \$25 non-preferred brand	\$7 generic drugs \$30 preferred brand \$60 non-preferred brand
Prescription drug copays (mail order—3 month supply)	\$20 generic drugs \$30 preferred brand \$50 non-preferred brand	\$14 generic drugs \$60 preferred brand \$120 non-preferred brand
Progressive medication for certain classes of drugs (See FAQs for details)	None	12 classes of drugs
Annual out-of-pocket maximum for copays on prescription drugs	Unlimited	\$1,500 per individual \$3,000 per family

KingCareSM Silver	Current	2010-2012
Deductible (medical)	\$300 per individual \$900 per family	\$600 per individual \$1,800 per family
Coinsurance (medical)	80% In network 60% Out-of-network	75% In network 55% Out-of-network
Annual out-of-pocket maximum for member coinsurance (medical)	<i>In network services</i> \$1,000 per individual \$2,000 per family <i>Out-of-network services</i> \$1,800 per individual \$3,600 per family	No change from current <i>In network services</i> \$1,000 per individual \$2,000 per family <i>Out-of-network services</i> \$1,800 per individual \$3,600 per family
Prescription drug copays (at pharmacy—1 month supply)	\$10 generic drugs \$15 preferred brand \$25 non-preferred brand	\$7 generic drugs \$30 preferred brand \$60 non-preferred brand
Prescription drug copays (mail order—3 month supply)	\$20 generic drugs \$30 preferred brand \$50 non-preferred brand	\$14 generic drugs \$60 preferred brand \$120 non-preferred brand
Progressive medication for certain classes of drugs (See FAQs for details)	None	12 classes of drugs
Annual out-of-pocket maximum for copays on prescription drugs	Unlimited	\$1,500 per individual \$3,000 per family

KingCareSM Bronze	Current	2010-2012
Deductible (medical)	\$500 per individual \$1,500 per family	\$800 per individual \$2,400 per family
Coinsurance (medical)	80% In network 60% Out-of-network	75% In network 55% Out-of-network
Annual out-of-pocket maximum for member coinsurance (medical)	<i>In network services</i> \$1,200 per individual \$2,400 per family <i>Out-of-network services</i> \$2,000 per individual \$4,000 per family	No change from current <i>In network services</i> \$1,200 per individual \$2,400 per family <i>Out-of-network services</i> \$2,000 per individual \$4,000 per family
Prescription drug copays (at pharmacy—1 month supply)	\$10 generic drugs \$15 preferred brand \$25 non-preferred brand	\$7 generic drugs \$30 preferred brand \$60 non-preferred brand
Prescription drug copays (mail order—3 month supply)	\$20 generic drugs \$30 preferred brand \$50 non-preferred brand	\$14 generic drugs \$60 preferred brand \$120 non-preferred brand
Progressive medication for certain classes of drugs (See FAQs for details)	None	12 classes of drugs
Annual out-of-pocket maximum for copays on prescription drugs	Unlimited	\$1,500 per individual \$3,000 per family

4. **Dental:** Increased maximum annual benefit from \$2,000 to \$2,500 per plan member
5. **Benefit Access Fee:** Increased from \$35 per month to \$50 per month
6. **Healthy IncentivesSM program**—continues in 2010-2012 with more options for individual action plans